Governor's Task Force on Dependent Adults with Mental Retardation

RECOMMENDATION FORM

Please include only one recommendation on each form.

of dependent adults with mental retardation;

riease submit no later than 5:00 p.m., wednesday, March 18, 2009.	
Name:	
Phone:	
Organization:	
E-mail:	
Address:	

1. Review Iowa laws, regulations, policies and procedures related to the care and employment

Please indicate which item in Executive Order No. 11 does this recommendation address?

- 2. Engage the assistance and services of state agencies, members of the nonprofit and nongovernmental sector, interested groups and citizens who are not formally named to the Task Force, but who can assist with analysis of and access to data bases and systems that might help detect the existence of unregulated congregate residential settings and non-registered and / or unregulated workplaces where there may exist abuse or neglect of dependent adults with mental retardation;
- 3. Determine the extent to which dependent adults with mental retardation are residents of or are receiving care in unlicensed facilities;
- 4. Assess existing methods, both within Iowa and in other jurisdictions, of investigating and initiating enforcement action against persons who neglect, abuse or take advantage of dependent adults with mental retardation;
- 5. Identify and recommend potential regulatory or statutory changes that would improve prevention and enforcement efforts and systematically address the problem of the mistreatment of dependent adults with mental retardation in the State of Iowa;
- 6. Develop a plan and a timeline, with input from appropriate stakeholder groups, to redress the problems caused by and prevent the mistreatment of dependent adults with mental retardation through coordinated legal and regulatory changes; and
- 7. Identify and recommend ways to increase public awareness and education to prevent the mistreatment of dependent adults with mental retardation.

Governor's Task Force on Dependent Adults with Mental Retardation RECOMMENDATION FORM

Organization:	<u></u>
Your Name:	
RECOMMEND	ATION:
PLEASE INCLU	UDE COMMENTS, JUSTIFICATION, RESOURCES OR OTHER
INFORMATION	N TO HELP THE TASK FORCE UNDERSTAND THE IMPORTANCE
OF YOUR REC	OMMENDATION.

Please submit forms to:

Iowa Dept. Of Elder Affairs Attn: Danika Welsch 510 E 12th St., Ste. 2 Des Moines, IA 50320

Electronically: danika.welsch@iowa.gov

By calling toll-free: 800-532-3213